

# EXHIBIT 1

### **STEPS FOR SUBMITTING A CLAIM FOR REIMBURSEMENT:**

[illegible]

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- (g) Records, receipts and/or invoices demonstrating that the Settlement Class Member paid for the repair work performed, including the amount paid; and
- (h) If you are not the person or entity identified on the Class Notice mailing, proof of your ownership or lease of the Settlement Class Vehicle at the time of the repair.
- (i) **If the repair was performed during the Settlement Class Vehicle's original New Vehicle Limited Warranty period, but not by an authorized Subaru retailer:** You must also submit, in addition to the above, documentation (such as a written estimate or invoice) confirming that prior to having it performed, you first attempted to have the repair performed by an authorized Subaru dealer and that the dealer would not or was unable to perform the repair free of charge. If you are unable to obtain such documentation despite a good faith effort to do so, you may, instead, submit with your completed Claim Form, a signed Declaration attesting to this fact and setting forth the good faith efforts you made to obtain the documentation. A form "Declaration of Initial Dealer Repair Request" is available on the settlement website, [www.WEBSITE.com](http://www.WEBSITE.com), or by contacting the Claim Administrator.

- (3) State the total Dollar Amount Claimed for Reimbursement for the Paid Repair(s): \$  •
- (4) For the amount of the repair cost for which you are seeking to be reimbursed, did you receive any payment, concession, or goodwill accommodation or discount(s) for all or any part of that amount from any source, including from Subaru of America, Inc., a Subaru dealership, an insurer, service contract provider, or extended warranty provider, or from any other person or entity?

☐ Yes ☐ No

If you answered YES, list the total amount of the cost for which you received payment, concession or goodwill accommodation or discount(s), and provide information regarding the source(s) of such payment(s):

\$  •

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- (5) Sign & Date:

All the information that I (we) supplied in this Claim Form is true and correct to the best of my (our) knowledge and belief, and this document is signed under penalty of perjury.

Signature

Date:     
MM DD YYYY

- (6) Mail Claim Form and all Documents/Paperwork, postmarked no later than [DATE], to:

JND Legal Administration  
1100 2nd Ave.  
Suite 300  
Seattle, WA 98101

For more information, please view the Class Notice, call the Claims Administrator at 1- - -,  
or visit [www.WEBSITE.com](http://www.WEBSITE.com)